

Meeting Minutes		
Division:	Iowa Medicaid Enterprise Quality Improvement Organization (QIO)	
Meeting Title:	Clinical Advisory Committee (CAC)	
Facilitator:	Bill Jagiello, D.O.	
Location:	Lucas building, 321 E. 12 th St., Des Moines, 5 th Floor, Rm 517/518	
Date:	February 21, 2020	Time: 1:00 p.m. – 4:00 p.m.

Meeting Objectives
<p>The purpose of the CAC is to increase the efficiency, quality and effectiveness of the Medicaid healthcare system. The CAC provides a process for physician and other health care provider contributions to promote quality care, member safety, cost effectiveness and positive physician and provider relations through discussion about Medicaid benefits and healthcare services.</p> <p>The CAC is charged with recommending clinically appropriate healthcare utilization management and coverage decision to the Department of Human Services (DHS) for the Iowa Medicaid program.</p>

Meeting Participants	
Name	Organization
Bill Jagiello, D.O.	IME
Dr. Nick Galioto- Family Practice	
Dr. Dennis Zachary- Family Practice- On the phone	
Dr. Kathy Lange- Family Practice- On the phone	
Dr. Andrea Silvers- Family Practice- On the phone	
Dr. Alex Hubbell- Family Practice	
Clarice Blanchard, PA-C - Family Practice/Emergency Medicine	
Dr. Polly Ferguson- Pediatric Rheumatology	
Dr. Steven Mandler-	
Sherry Buske- Nurse Practitioner	
Dr. Leslie Schechtman	Amerigroup
Dr. Paul Mulhausen	Iowa Total Care
Chris Vanwyner	Sarepta
Paula Motsinger	IME
Tami Lichtenberg	IME
Marissa Eyanson	IME

Cassie Reece	IME
Barb Cox	IME

Agenda Topics	Responsible Party
Introductions/Announcements- Welcome new committee member: Polly Ferguson, MD-Professor and Division Director, Pediatric Rheumatology- University of Iowa Hospitals & Clinics Amerigroup new Medical Director: Leslie Schechtman, DO	Dr. Jagiello
Approval of Minutes from October meeting	Dr. Jagiello
Old Business	Dr. Jagiello
New Business- <ol style="list-style-type: none"> 1. Amerigroup update- 2. Iowa Total Care update- 3. IME update- 	Dr. Schechtman Dr. Paul Mulhausen Dr. Jagiello
Public Comment Period	Guests
Criteria Review <ol style="list-style-type: none"> 1. Prevocational Services 2. Intermediate Care Facility-Intellectual Disability (ICF-ID) Level of Care- from October agenda 3. Automated Medication Dispenser 4. Continuous Glucose Monitoring 5. Enteral Products - Supplies 6. Environmental Modification-Adaptive Devices 7. High Frequency Chest Wall Oscillators (HFCWO) 8. Non-Preferred Diabetic Supplies 9. Power Seat Elevation for Power Wheelchairs 10. Botulinum Toxins 11. Fecal Microbiota Transplantation 12. Pegloticase (Krystexxa®) 13. Pembrolizumab (Keytruda®) 14. Chest CTA and CT for Pulmonary Emboli 15. Bariatric Surgery 16. BRCA 1 & 2 Testing for Hereditary Breast and Ovarian Cancer – added at AmeriGroup's request 17. Cochlear Implant- from October agenda 18. Transcranial Magnetic Stimulation 	Dr. Jagiello
Upcoming Meetings April 17, 2020 July 17, 2020 Oct. 16, 2020	Dr. Jagiello
Adjournment	Dr. Jagiello

Welcome new committee member:

Polly Ferguson, MD-Professor and Division Director, Pediatric Rheumatology- University of Iowa Hospitals & Clinics- I've done my training at the University of Iowa and the University of Virginia. I do clinical care and research. I'm very interested in advocating for children and their health care needs. My division at the hospital takes care of Allergy and Immunology as well.

Amerigroup new Medical Director:

Leslie Schechtman, DO- I went to school at DMU and did my training in Chicago at what was then called the Rehabilitation Institute of Chicago, now called the Shirley Ryan Ability Lab. I'm physical medicine and rehabilitation physician. For the last ten years I've been working in an administrative role. I've worked at the IME and then through various MCO positions and now presently Medical Director with Amerigroup.

Minutes:

Dr. Ferguson offered a correction to the minutes: Maternal mortality rate needs corrected, was listed as 16% but should be corrected to 16% higher in the Medicaid population as compared to the general population. Dr. Jagiello- We'll just delete that (from the prior minutes.) We have a separate group- the Maternal Health Task Force- and they give us all of the accurate stats, this was probably an error in the report. Any other corrections or additions? None offered, Dr. Mandler motioned to approve and Dr. Ferguson seconded. All approved.

New Business:

IME Update- Paula Motsinger- For those of you that have patients on the Brain Injury waiver, we have updated our slot process. Similar to our Intellectual Disability waiver process, we have implemented a slot priority for the wait list. Anybody that has urgent needs and emergent needs can be moved up on the wait list based on this criteria- such as homelessness or primary care giver is ill and soon to pass away, something along those lines. That's the biggest update we have for the waiver population. IME is in the process of updating the annual CMS code updates. We are meeting with Medicaid Director, Mike Randol, to finalize some of those. We're also going to have a discussion to finalize the telehealth services, more to come from Dr. Jagiello on that.

Amerigroup Update- Dr. Schechtman- With the transition of UnitedHealthCare leaving the market, we've absorbed some of those members. We have a total of 385,000 members at this time. About 23,000 of those are in the LTSS population. We're fully staffed and fully prepared to keep up with that increase in membership.

Iowa Total Care Update- Dr. Mulhausen- I'm an Internist. I was a practitioner and a member of the committee 7-8 years ago. I worked at the University of Iowa for 20 years. I was at Telligen for 6 years and joined Iowa Total Care in December.

Public Comment Period: None offered.

Criteria Review:

Prevocational Services- Marissa Eyanson, Bureau Chief of Policy for Iowa Medicaid. There are no updates, no changes in criteria. **Dr. Galioto motioned** to approve without changes, **Dr. Ferguson seconded. Motioned approved.**

Other discussion:

Dr. Ferguson asked if any difficulty accessing services is discussed in our CAC meetings. Marissa Eyanson clarified that is typically addressed in the QIO- Quality Improvement Organization or quality assurance work that we do. If that were to happen, there would have been changes to the rules and we would have been updating you that because we made these changes because something wasn't working for instance. But by the time the criteria is reviewed here that the quality assurance piece has already happened. So this wouldn't typically be the space for that discussion. Paula Motsinger- Changes to Prevocational Services the past several years has been related to CMS final rule regarding integration. We're really working with providers to ensure that these services are provided in a community integrated setting that is meaningful to the individual receiving services. Also the public is able to present on any issues regarding the criteria discussed as well. Dr. Jagiello- And if there is a situation that comes up where there is a code that should be in a policy and isn't, Iowa Medicaid can work administratively to turn that code on in the system without immediately changing the policy. The policy can catch up at the next routine update or I can elect to bring it back to the committee and get it updated.

Intermediate Care Facility-Intellectual Disability (ICF-ID) Level of Care- Barb Cox- (handout previously worded criteria and recommended updated copy of criteria) - Changes proposed are to wording and to the flow. Paula Motsinger explained how the ICF-ID Level of Care is the highest level of care available for our waivers. So the Brain Injury waiver and Intellectually Disability (ID) waiver are referenced within the criteria, this level of care would be appropriate if the individuals have the deficits in the adaptive functioning to meet that criteria. Dr. Mandler recommended that the DSM-V be replaced with something more current. Marissa Eyanson stated that would be a rule change and would need to be reviewed with the QIO before being addressed in front of the CAC again. Rule changes require a fair amount of effort and legislative approval. **Dr. Galioto motioned to approve with changes, Dr. Mulhausen seconded. Motion approved.**

Automated Medication Dispenser- This has been replaced by packaging by many pharmacies. Dr. Jagiello asked approval to retire, not a high volume of need any longer. It would remain a covered item, I just want to propose to remove it from the Prior Authorization list so members don't need to seek approval to get one. Paula Motsinger added that we will monitor these items over the next year or so to determine if purchases of these go up significantly after removing them from the Prior Authorization list. **Sherry Buske motioned to retire the criteria from the Prior Authorization list. Motion approved.**

Continuous Glucose Monitoring- No recommended changes. **Clarice Blanchard motioned to accept the criteria as presented, Sherry Buske seconded. Motion approved.**

Enteral Products – Supplies- This is going to be pulled back and reviewed at the April meeting.

Environmental Modification-Adaptive Devices- Marissa Eyanson, no changes. Utilized through the Waiver Prior Authorization process. This criteria is specific to CMH (Children's Mental Health) waiver. **Dr. Ferguson motioned to approve the criteria without changes, Sherry Buske seconded. Motion approved.**

High Frequency Chest Wall Oscillators (HFCWO) - Dr. Jagiello- No changes were made. Dr. Ferguson- Recommended revising 3. b. i. remove "two or more" and just list as "one individual or more". Dr. Jagiello- Recommended pulling it back and discuss at next meeting.

Non-Preferred Diabetic Supplies- Dr. Jagiello recommended removing from the Prior Authorization list. **Clarice Blanchard motioned to remove, Dr. Mulhausen seconded. Motion approved.**

Power Seat Elevation for Power Wheelchairs- Marissa Eyanson- No changes to this criteria. Dr. Schechtman Medicare doesn't cover these items, some states do. CMS has elected not to cover these because they are considered a convenience item. Marissa Eyanson- there is nothing in the rule that spells this out. Two issues: Is this truly convenience, in which case it would make sense to not be covered or is it cheaper to have the power seat elevation than to lower all cabinets in the house? Dr. Schechtman added that there are other adaptive aids. The assistance it provides in transferring members and allowing a greater degree of independence would be beneficial. We could possibly list it as an add-on to Power Wheelchair rather than as a separate policy. Dr. Jagiello asked to leave it as is and line it up with the Power Wheelchair criteria. Marissa Eyanson- They would still maintain their separate codes however. Cassie Reece- members could send in a request for just the power wheel chair and then submit a request for the seat elevation at a later date or they could be submitted together with the power elevation as an add-on. Dr. Jagiello- approve as is and then add it to a future meeting where we can discuss the power wheelchair policy along with all items that attach to the power wheelchair. **Dr. Ferguson motioned to approve, Clarice Blanchard seconded. Motion Approved.**

Botulinum Toxins- No changes were made. **Dr. Ferguson motioned to approve, Dr. Galioto seconded. Motion approved.**

Fecal Microbiota Transplantation- The complete criteria wasn't sent out, the criteria will be corrected and sent to the committee to review. Tabled for next meeting.

Pegloticase (Krystexxa)- No changes made. **Dr. Galioto motioned to approve accepting it as is, Dr. Ferguson seconded. Motion approved.**

Pembrolizumab (Keytruda)- Currently this is being managed as an Exception to Policy but we are currently trying to move it to Prior Authorization. This has been submitted to make the changes within the system. We will update the fee schedule. And this has been updated as of February 1st, 2020. Exception to Policy items are those things that are not currently covered but should really be something subject to Prior Authorization, which is defined as covered but needing approval. Two administrative changes are needed: Moving it from ETP to PA and to add a code, Dr. Jagiello will re-write. Dr. Jagiello requested to approve as is and will work on

it and bring it back for a second review before the committee. **Dr. Galioto motioned to approve, Dr. Ferguson seconded.** All approved.

Chest CTA and CT for Pulmonary Emboli- Dr. Jagiello requests to retire a separate policy for doing a CT angio for pulmonary embolis, keep Prior Authorization and just use the Milliman criteria which is the process that is currently being done. To have a separate policy is duplicative and doesn't serve anyone other than to have another policy out there that we already have criteria for. So whether we get the request as a CT or CTA we will review Milliman, look at the CTA criteria and make a medical necessity decision to eliminate the redundancy. Dr. Jagiello requested approval to remove the duplicative policy and submit CTA for approval. **Dr. Galioto motioned to approve, Dr. Mulhausen seconded. Motion approved.**

Bariatric Surgery- No changes made. **Dr. Silvers motioned to approve, Dr. Galioto seconded. Motion approved.**

BRCA 1 & 2 Testing for hereditary Breast and Ovarian Cancer- Added NCCN guidelines which is now outdated, the 2019 version was used. Approved by genetic counselor. 81162 hasn't gotten approved as of yet. Dr. Ferguson asked if the fiscal impact is factored often. The cost of genetic testing has come down dramatically. Dr. Jagiello asked for a motion to approve as presented and forwarding on to add code 81162 since its revenue neutral, **Dr. Galioto motioned, Dr. Mulhausen seconded. Motion approved.**

Cochlear Implant- Dr. Jagiello- no changes were made. Need to update to unilateral. Becky Carter mentioned that we currently cover the surgery but we don't cover the device. We're discussing this internally and working toward getting the device payable. Dr. Jagiello asked for a motion to approve as written, **Clarice Blanchard motioned to approve. Dr. Ferguson seconded. Motion approved.**

Transcranial Magnetic Stimulation (TMS)- Last reviewed it was investigational. We are going to cover it effective July 1st. I've worked with ITC and Amerigroup to make sure there was a substantive alignment. Dr. Mandler discussed the duration of trials: at least 2 of the 4 agents should be tried for at least 6 weeks. Dr. Mandler will work with Dr. Mulhausen on revising the wording around this point. **Dr. Galioto motioned to approve the policy with the recommended changes added from Dr. Mandler and Dr. Mulhausen. Dr. Ferguson seconded the motion. Motion approved.**

Dr. Jagiello adjourned the meeting, next meeting is April 17th.